

**Arizona Department of Juvenile Corrections
Operating Policies and Procedures Manual
Counseling**

PROCEDURE NO. 4203.01	REF. POLICY NO. 4203	EFFECTIVE: 02/05/04 PRIOR ISSUE: n/a
TITLE: MAYSI-2: Administering, Scoring, and Interpretation		AUTHORIZED: Thomas Gronski, Assistant Director, Youth Management Systems

I. Purpose:

Within one-hour of arrival at an Arizona Department of Juvenile Corrections (ADJC) secure facility or parole violator center, each juvenile shall be screened to determine their potential risk for suicide, depression, and other critical mental health factors. Staff shall administer the *Massachusetts Youth Screening Instrument-Second Version (MAYSI-2)* as the prescribed clinical screening instrument. Results shall be assessed by a qualified mental health professional (QMHP). If a juvenile is assessed at-risk for suicide, staff shall utilize Procedure 4250.01 (secure care) or Procedure 4250.03 (parole violator center) regarding Suicide Prevention.

II. Rules:

1. Administering the MAYSI-2:

- a. **STAFF** shall not alter the instrument in any manner;
- b. Within 30 minutes of arrival, **THE INTAKE YPO III OR DESIGNEE WHO HAS BEEN TRAINED TO ADMINISTER THE MAYSI-2 (TEST ADMINISTRATOR)** shall distribute the MAYSI-2 Questionnaires to arriving juveniles:
 - i. If a juvenile arrives at a facility after regular business hours and when a QMHP is not available to score and interpret the screening instrument, **INTAKE STAFF** shall place the juvenile on Suicide Prevention Status (SPS) Level 3 and the **QMHP AND TEST ADMINISTRATOR** shall administer, score, and interpret the MAYSI-2 no later than 10:00 a.m. the following day;
 - ii. When a juvenile is placed on a SPS Level 3 at intake and no screening is completed within one hour of arrival, the **INTAKE STAFF** shall notify the facility Psychologist by e-mail regarding the juvenile's status and the need for a screening;
- c. The **TEST ADMINISTRATOR** shall administer the MAYSI-2 Questionnaire:
 - i. The **TEST ADMINISTRATOR** shall issue a pencil to the juvenile;
 - ii. The **TEST ADMINISTRATOR** shall encourage the juvenile to circle his/her own answers, and not to overly discuss the items (i.e., mark on the sheet their "first reaction,") and complete the screening in a timely manner in order to decrease the potential for the juvenile to over think his/her responses;
 - iii. The **TEST ADMINISTRATOR** may read the questions to the juvenile if there are language or reading difficulties. However, the **TEST ADMINISTRATOR** shall discourage the juvenile from speaking his/her answers aloud;
- d. Once the juvenile has completed the form, the **TEST ADMINISTRATOR** shall immediately forward the completed MAYSI-2 Questionnaire to the QMHP assigned to the intake process;
- e. The **QMHP** shall be the only staff member to score and interpret the MAYSI-2 Questionnaire. Scoring shall be completed within one hour of the juvenile's arrival (except as noted above in 1.b.).

2. MAYSI-2 Scoring/Interpretation:

- a. Each of the MAYSI-2 scales, with the exception of the *Traumatic Experiences Scale(TE)*, is designated by a low score, caution score, or a warning score. Caution scores are

defined as having possible clinical significance. Warning scores are defined as having immediate need of clinical attention. **However, the QMHP shall not use the scores to identify a formal psychiatric diagnosis.** The QMHP shall use the MAYSI-2 as a screening instrument only:

- i. **Alcohol/Drug Use Scale (AD)** (8 items) is used to identify juveniles who are using alcohol and/or drugs and are at risk of substance dependence and/or abuse;
 - ii. **Angry-Irritable Scale (AI)** (9 items) is used to assess feelings of preoccupying anger and vengefulness and a tendency towards irritability, frustration, and tension related to anger;
 - iii. **Depressed-Anxious Scale (DA)** (9 items) is to elicit symptoms of mixed depression and anxiety;
 - iv. **Somatic Complaints Scale (SC)** (6 items) asks about bodily aches and pains that may affect the juvenile, along with specific bodily expressions of anxiety. This scale may also tie into trauma history and depression mixed with anxiety;
 - v. **Suicide Ideation Scale (SI)** (5 items) is to elicit a self-report of specific thoughts and feelings about suicide, because these thoughts and feelings are relevant for suicidal intent and injury;
 - vi. **Thought Disturbance Scale (TD)** (5 items) is intended to indicate the possibility of serious mental disorder involving problems with reality orientation;
 - vii. **Traumatic Experiences Scale (TE)** (5 items) is intended to identify whether a juvenile has had greater exposure to traumatic events compared to other juveniles. This scale has no cautionary or warning cutoffs.
- b. **Scoring guidelines:**
- i. Scoring scales that have eight or nine items cannot have more than two (2) items that are unanswered, and the scales that have five or six items cannot have more than one item unanswered, or the results for that scale shall be documented as “No Score”(NS) in the invalid column;
 - ii. For any scale with a “No Score,” the QMHP shall have a face-to-face interview with juvenile within 24-hours. The QMHP shall obtain the information necessary to complete the scoring for that scale and update the score;
 - iii. With the exception of the *Alcohol/Drug Use Scale (AD)* for any scale that is scored within the Warning range the QMHP shall have a face-to-face interview with the juvenile within two hours to validate the screening results:
 - (1) If the results are valid, the QMHP shall complete all Juvenile Mental Health Assessment pre-assessment activities within three working days per Procedure 4203.02;
 - (2) The QMHP shall place the juvenile on SPS Level 3-Cautionary supervision status until the assessment is completed, unless a higher level is indicated;
 - (3) If the *Somatic Complaints Scale (SI)* is scored within the Warning range, the QMHP shall notify the Health Care Staff immediately, the **HEALTH CARE STAFF** shall make a determination of the urgency in addressing the issue on a case by case basis;
 - iv. For boys, if any of the following scales are in the Cautionary range, the QMHP shall have a face-to-face follow-up interview with the juvenile within one working day in order to validate the screening results and determine what other assessments, referrals, or interventions are needed:
 - (1) *Angry-Irritable (AI)*;
 - (2) *Depressed-Anxious (DA)*;
 - (3) *Suicide Ideation (SI)*;
 - (4) *Thought Disturbance (TD)*.
 - v. For girls, if any of the following scales are in the Cautionary range, the QMHP shall have a face-to-face follow-up interview with the juvenile within one working

day in order to validate the screening results and determine what other assessments, referrals, or interventions are needed:

- (1) *Angry-Irritable (AI)*;
- (2) *Depressed-Anxious (DA)*;
- (3) *Somatic Complaints (SC)*;
- (4) *Suicide Ideation (SI)*;

vi. **For boys and girls:**

- (1) Who score above zero (0) on the *Traumatic Experiences Scale (TE)*, the **QMHP** shall have a face-to-face follow-up interview with the juvenile within one working day in order to validate the screening results and determine what other assessments, referrals, or interventions are needed;
- (2) Who score in the Cautionary range for *Somatic Complaints Scale (SC)*, The **QMHP** shall notify the Health Care Staff within one working day. The **HEALTH CARE STAFF** shall make a determination of the follow-up needed on a case by case basis.

c. **Suicide Prevention:**

- i. If the juvenile scores within the **Warning range** on the *Suicide Ideation (SI)* or *Depressed Anxious (DA)* scales, the **QMHP** shall place the juvenile on SPS Level 2 and shall conduct an ***Intake Suicide Prevention Assessment*** (Form 4250A) within 2 hours;
 - ii. If the juvenile scores within the **Cautionary range** on the *Suicide Ideation (SI)* or *Depressed Anxious (DA)* scales, the **QMHP** shall place the juvenile on SPS Level 2 and shall conduct an ***Intake Suicide Prevention Assessment*** (Form 4250A) within 8 hours;
 - iii. The **QMHP** shall place all other juveniles on SPS Level 3 and conduct an ***Intake Suicide Prevention Assessment*** (Form 4250A) within 24-hours per procedures 4250.01 (secure care juvenile) and 4250.03 (parole violators center juvenile).
- d. **Scoring Assistance:** If the QMHP needs assistance in scoring or interpreting the MAYSI-2 or if the QMHP is unsure of the screening results, then the **QMHP** shall:
- i. First, interview immediately the juvenile face-to-face to determine the validity of the screening results;
 - ii. Then, if necessary, consult with the facility Psychologist or Psychiatrist.

3. **Documenting Results:**

- a. The **QMHP, YPO III CLINICAL SPECIALIST, OR DESIGNEE, ASSIGNED TO INTAKE** shall document screening results. For juveniles with any scores in the **Warning range**, the documentation shall occur within two hours of scoring and interpretation. All other scores shall be entered within one work day. Documentation shall include:
 - i. The juvenile's name and K#;
 - ii. Date and time the MAYSI-2 was administered;
 - iii. Date and time the MAYSI-2 was scored and interpreted;
 - iv. The scores from the seven scales;
 - v. The date, time, and results of the juvenile's ***Intake Suicide Prevention Assessment*** (Form 4250A), including the juvenile's current Suicide Prevention Status (SPS) Level;
 - vi. If the juvenile scores a "no score" or a "caution" or "warning" score in any of the sections, then the **QMHP, YPO III CLINICAL SPECIALIST, OR DESIGNEE, ASSIGNED TO INTAKE** shall document in the Summary/Follow-up section the arrangements made for a QMHP to see the juvenile face-to-face;
- b. **THE QMHP, YPO III CLINICAL SPECIALIST, OR DESIGNEE, ASSIGNED TO INTAKE** shall maintain hard copy documents as follows:

- i. The MAYSI-2 Scoring Summary shall be placed in the juvenile's Field File;
 - ii. The completed MAYSI-2 Scoring Key shall be placed in the juvenile's Health Records;
 - iii. All documents regarding Suicide Prevention Assessments and Suicide Risk Levels will be placed in both the Field File and Health Records.
 4. **Process Management:** As part of ADJC's quality management strategy, the **ADJC CLINICAL ADMINISTRATOR** shall collect MAYSI-2 data at no less than six month intervals for analysis to ensure compliance with agency standards and expected outcomes.
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